APPENDIX B
Individual Satisfaction Survey Comments

FY05 SASS Parent Comments
July, 2005
** All comments are printed exactly as they appear on the survey (e.g., with spelling and grammatical errors) but with any identifying information removed. Missing numbers indicate surveys with no comments. **

Parent #1
We haven't had a psychiatric appointment after 3 weeks and his meds are running out.

Parent #3
The follow up for extra help is in the making.

Parent #5
I wish they would consider the options I requested and I think it's great that they are able to come to our home and to her school.

Parent #6
I think this program is a wonderful service. It saved my son's life, I don't know what would have happened if this wasn't available to us. I can't say enough about this program. Thank you! This is one child you have saved! You all have made a difference in our lives.

Parent #8
I believe they did everything they could to help my granddaughter in her crisis. They also got help for myself. They also keep in touch with us. They also helped get her the right meds to help her continue on getting better. Thank you.

Parent #14
You gave direct and honest observations and gave good advice on what to do to help.

Parent #15
His counselor is great and comes to the house and sees my son once a week and at school one day a week this program is a very good one I think the steps the staff takes.

Parent #17
A child in need of treatment outside the house. Besides the councelor is not fair when it comes to public aid.

Parent #21
I think this is an excellent program. My child was in a crisis and needed hospitalized but we had used the insurance for 2004. My only complaint is that we were told that all mental health services would be paid by the Medicaid card. This has not been the case. We are being billed and re-billed daily. Public aide is not paying for the SASS services. This has cause a huge amount of stress in our family.

Parent #22
Nothing needs to change. I like my SASS worker.

Parent #23
I liked how we talked about things and how I could talk about things that bother me.

Parent #24
I think seeing the caseworker has made a big difference in my son life he used to see another caseworker but since she is not as friendly as the current caseworker so I didn't click with her nor did my son but when she came along it took some time but she is awesome.

Parent #25
I thought SASS was an excellent resource for my children.

Parent #27
More family consuling.
One on one is fairly good.
There should be more normal and active activities
Parenting classes needed and anger management for the family.

Parent #33
Caseworker has been wonderful and encouraging. She is a great listener and worker.

Parent #35
Have not had services very long to answer this question to the fullest as me in a few months or weeks and I could give you a better opion. The caseworker is great she has a wonderful personatiy. I lak her and my son dose to.

Parent #37
I wouldn't suggest anything, I and my daughter have had a excellent experience so far with SASS. Thank you.

Parent #40
While SASS services contracted with [agency] were good, services provided made little impact on child's behavior. Since our SASS services are now contracted with [second agency], we have received very little help. This survey reflects services through [second agency].

Parent #44
The counseling was an excellent exspiriance for both parent and child.

Parent #45
Helped me with my depression and gave very good treatment.

Parent #46
More staffed hours per client.

Parent #47
The first worker was very poor didn't keep appt. or was late and no contact with me after first visit and then I had to request another worker.

Parent #50
Caseworker was excellent. She went above and beyond to help our family. She is a great asset to SASS.

Parent #51
Don't leave children in safe room by themselves try talking to them first.

Parent #58
For someone who is autistic and really needs looked after you need a different program. It didn't last one week after home. We took back and they refused to take him back. His aunt and school has helped him more than anyone or the stay in [agency]. No recommended for autistic and the doctor refused to take the case over their. So that didn't help us. He is back on the Zoloft and the new meds we started him on.

Parent #59
The SASS program should not be taken away from a child who feels comfortable with the worker if she is not getting the same out of a therapist.

Parent #60
This county is in need of more services and programs to help children with mental health issues.

Parent #61
Things were really crazy with my whole family and they helped get him to [agency] but then they did not help me get him back home as promised.

Parent #62
Horrible! Terrible! Awful! Stressful! The whole program should be abolished. She hardly ever "had time" to see me. She was completely unorganized and had no plans or good advice. All of the SASS people yelled at us and were very rude. I decided to not continue seeing her because trying to ever make an appointment was very stressful and did not help. The SASS program is much more harm than good for me and I hated it! Shape up! I would never recommend this program even to my worst enemy.

Parent #64
That when calling in for follow-up they didn't give you the run around and they have the correct procedures in place. Also calling you back in a timely fashion. They called me back 3 weeks later after giving me the run around to call this number and that number.

Parent #65
I have had an overall excellent experience with the SASS program. There has been a complete turn around in my child and her behavior towards others. If it was not for this program I don not know where we would be today.

Parent #66
I was waiting for a month and a half for services. Put on waiting list until I called a hotline and they realized I was eligible for services right away. I had called in Dec. the hotline was told turned down. Don't remember that also need services more than once a week. Worker very good. Just not enough time.

Parent #69
To improve: when dealing with ADHD child report to parent discussion. Follow up at school, home, etc. Keep SASS word or call to cancel appointments.

Parent #71
I have not actually got (SASS) started with the SASS after care yet, so some do not apply.

Parent #72
More communication with parent. Explain more about procedures systems. Help other family members try to deal with what is going on. Support groups for children/ adolescents in home area.

Parent #73
I would have the SASS representative explain what SASS is and what they do and the services they provide. Until now I did not know what services they provide or who to call to get that information. Our family was in a crisis and the gentleman who did the screening made me feel very comfortable and secure. He was very caring Please tell him thank you.

Parent #75
None and the one on file.

Parent #76
Wish we could have caseworker longer than 3 months. She is excellent.

Parent #79
Several times I was on hold for too long. For SASS to return my calls took forever. Our caseworker was exceptionally good to us and was other caseworkers thanks.

Parent #80
Our counselor is excellent w/ our son. The educational therapist was also a big help. Getting psych. evals and other procedures need to move a little quicker.

Parent #82
My child's SASS worker has been a great asset to our family—we've applied for an ICG twice and info and insight she gave was a big help!

Parent #84
Our initial crisis happened just prior to Thanksgiving and so any follow-up was difficult die to the holidays. December wasn't much better and we weren't able to see your doctor until January. If any improvements could be made in this area it would be very helpful. Our SASS worker was very helpful regarding his school. She visited his classroom at least once a week and helped to encourage communication between the school and home.

Parent #85
The SASS program has done me and my family a world of good. It's been like a second chance in being a family. I know things won't change overnight but it's a lot better so I plan on staying with this program until I am totally sure that what's happened in my family will not happen again or at least be able to handle it much better. Thank you all, God bless.

Parent #86
I would have liked to have had more joint sessions—myself, daughter, counselor and some more time with the counselor myself. I felt some issues were not addressed enough. Overall everything was good and my daughter really likes her counselor, she is even continuing counseling although she is no longer in SASS.

Parent #87
My son's first visit to the [agency] was in Jan. 2005. It was three weeks before a SASS counselor contacted me (mom) to start counseling. At that point my son became suicidal and was admitted to the [agency]. The SASS counselor has been to our home one time. He has not returned or called. There will be no improvement in my son until a man steps in to spend lots of time with him.

Parent #89
Just having someone there that understands what we are going through was satisfying. Our SASS worker's attitude and willingness to help is great.

Parent #94
SASS worker was over loaded with cases and had to cancel appointments often. They need to clear schedule for those meetings.

Parent #95
Evaluation states child is suicidal—no one addressed this on anything but a surface level. What are the causes—how can we help understand their feelings?? Where are the services mentioned at the intake?

1. Mended Hearts
2. Montors…etc etc

Parent #96
Group meeting once a month or every other month (so the children can see that they are not alone in their crisis). Rewards for taking their meds consistently (rewards like a note of praise, coupon from McDonalds for a pop, a free pass to the dollar movie in North Town, etc).

Parent #103
So far there's nothing to improve; everyone is doing good; this system is doing a job, something is better than nothing, etc. Thanks "SASS" continue to do more

Parent #110
I prayed for help. And our caseworker came into our lives like an angel. She really has it together I can talk to her any time. She has helped with my child more than anyone has. My child likes her a lot. We are deeply going to miss her. I will feel lost with out her. She means a great deal to all of us. She is excellent and I'm not just writing this I mean it. Hold on to our caseworker you don't need to lose her you'll be lost without her.

Parent #112
I feel they were all very concerned about my daughter and my feelings as well. We are still into the 3 month session, but she seems to be improving.

Parent #117
To be more involved than what they are. My son has seen his SASS worker only twice in the whole month his was home. His care plan called for 3 times a week also to follow through with everything they say to him. For instance my son was promised a respite worker 4 months ago and he still hasn't got one.

Parent #118
People who care. I feel very comfortable with the home visits, they help both of us. This is a wonderful support system for us parents and children. I appreciate these home visits. The more people involved the better for us all. PS It means a lot to have someone who cares I have a very nice worker. Thank you.

Parent #119
Everything has been great!

Parent #120
My child's attitude and behavior hasn't improved but it is not the fault of SASS worker. Sass worker has worked diligently and even stopped by to just check on my daughter. My daughter is now on meds for her behavior.

Parent #122
More feedback between the counselor and parents are needed. Services are good and the counselor was great! Initial response was very good. Child was returned to biological mother after 3 months so no follow-up care was scheduled although I feel more counseling was needed. Counselor was going to contact facilities child was moving to.

Parent #123
Need more service (workers) 1st time around poor service would not work with us had to fire her. 2nd time very good. It would be nice if worker had more time to spend with my child.

Parent #124
The caseworker was extremely rude and impatient. She indicated that I, the parent, had no say so in where my child was hospitalized—maybe she needed better training or more education. SASS workers should not be rude and condescending like that.

Parent #128
Feel it helped some, but need more programs in age group. Child is now in a special needs school after multiple times trying to find programs and needs in the child's category.

Parent #130
Counselor was very good and helped our son.

Parent #131
I think SASS's service is excellent and we are very thankful with the SASS worker because she is very professional and helps my son a lot.

Parent #132
What SASS sees as important to maintain stability in a home setting (of 4 years) [agency] does not! She was here to see [agency] looks at the numbers not the child. She is not given the ability after all her work with the child going to school as well as visits at home with the parents and the child—seeing the siblings all the interaction not to mention her unique ability and many years of dedication to the children and families giving her insight only experience can. In my eyes she is not given the liberty to call the shots. You don't seem t realize what you have in her. She is so very dedicated to the children and their needs. Take another look and listen it would benefit all. [agency] told me after a meeting with them that SASS cannot provide what they see as the most important "factor" to make it all work together! All families and needs are different and most don't fit into a box.

Parent #133
Ninguno pues todos los servicios son muy Buenos todos pues cuando uno llama de immediato atienden a las personas que necesitamos de los servicios.

Nothing, well, all the services are very good. Well, when someone calls they attend you right away.

Parent #137
[Child] has done a big turn around at home and at school. That's wonderful I'm very pleased with his grades. Thank You !!

Parent #139
More follow-up, help getting appts that are needed. We are having problems getting things done to send for ICG. Maybe in the future we can find a way to help families in crisis.

Parent #142
My son's case manager and social worker has been great, my son respects and adores her, she has always gone out of her way to help us whenever needed. She should be recognized for all of her excellent and outstanding work with children.

Parent #144
More parent & SASS follow-ups with each session. Once caseworker went to my son's school and counseled I did not receive any reports until the caseworker was done.

Parent #146
The behavior modification techniques are good their response to crisis was good too.

Parent #148
This child has had another crisis while she was using SASS services. This time when she came home she is seeing another counselor. I would have preferred her to stay with the same counselor because she was familiar with the situation. I have not had any contact with the new counselor at all. I think there should be more involvement with the parents/caregiver.

Parent #149
1. Care
2. Overall concern, services helped patient and parent to help with problems

Parent #151
My child would not talk to the SASS worker. The SASS worker has helped me in dealing with the child. Her behavior has improved.

The service is available at all times and I feel that I can call when the need arises.

Parent #156
The good aspects of the SASS program was the fact every worker went above and beyond to make sure other services were made known to me and my family.

Parent #158
I think that the program should be longer and that if they're assigned a certain SASS counselor they should stay with that one, my caseworker has been excellent through this. She needs to be able to spend more time with the kids instead of 90 days.

Parent #161
SASS helped me financially when I was in need. Thanks
My counselor helped me and my family communicate more with each other and learn to express how we feel. She was there to help when my daughter was in crisis and when I heard that she was going to be the worker for my niece I was very happy because I knew she's going to be the one to help her get on the right track.

Parent #164
Hire more workers for the SASS program, you have some good workers and we do not want them to burn out. Our caseworker was a very caring and efficient SASS worker for our son. She made herself available and helped to make sure our son knew he was protected, safe, and loved. She was excellent helping our family.

Parent # 166
Todos los servicios de SASS son muy Buenos, me siento muy satisficha du programa de SASS porque las cosas an mejorado con mi hija, coda vez que [caseworker] biene ala casa a platicar con mi hija y con migo mi hija se comporta miejor.
Gracias por su ayoda y por preocuparse por el bien star de nosotros.

All the services provided by SASS are very Good, I feel very much satisfied by the SASS program because of all the things I see have improved with my daughter.
Every time [caseworker] comes to the house to talk to my daughter and to me, my daughter behaves better.
Thank you for your help and caring for our well-being.

Parent #167
Appointments could be made by an office personnel instead of the case worker therefore could be made more quickly.

Parent #168
[Child]'s counsler wasn't responding to [child]'s needs or returning phone calls or anything.

Parent #170
They need to remember that children are not going to act out for them like they do for the parent. Need to spend more time with the children then 5 min they are not going to know anything.

Parent #173
We feel that because we live in a Rural are – (1hr from the SASS office) that the workers did not want to make the effort to drive to our home. Telephone response to our calls was very poor – left messages multiple times and it took days to weeks for a response. It took almost one month for the first appointment to be made. Workers need to realize that not everyone needing help lives within the city-town their office is in. When specifically request a male counselor for a male teenager in crisis – more effort needs to be made to honor that request.

Parent #174
I was very disappointed when [caseworker]'s services were over. She was excellent!

Parent # 175
All are good, wouldn't change anything.

Parent #176
SASS services are excellent in every aspect. God Bless them! I hope that they get help to move forward so that they help more adolescent stop using drugs. Thank you, SASS!

Parent #179
This service helped me to look at things in another manner instead of always been angry at this child. Try to cope and deal with it.

Parent #184
My experiences with SASS employees have been above average. However, since SASS services are now offered thru [agency] (opposed to [second agency]) our services have been less than ideal. I.E. our SASS worker does not have an office or voice mail for us to contact him. Since I prefer to call the Crisis Line only during a crisis, this has created some contact problems between myself & our SASS worker, [name]. [Name] does a great job and I am sure this is not his fault but I believe [second agency] can do a better job providing "their" part of SASS services. Thank you!

Parent #189
Sass workers should also be made available as case managers for children.
I would like Sass help soon because we are headed for a crisis with summer comming and I also need help applying for SSD for my child. I don't understand all this paper work and these grants I've got to apply for. She needs a plan for this summer. And I need help with the school as well.

Parent #190
There to nosey over all
Say out of peoples business.
And help the parent and the child to get along better.

Parent #192
Need more counselors because of restrictions on appointment available. Too many people per counselor.

Parent #193
Our SASS worker, [name], was a wonderful person. She was very supportive of us. She was a great help.

Parent #194
Timeliness with which SASS responds is very good. However, the only improvement we can suggest is longer involvement with SASS & child.

Parent #195
To have a follow-up visit in 3 – 6 month's to make sure that everything is O.K. and no problems going on.

Parent #196
[Caseworker] & [second caseworker] were excellent in our case. Our son was hospitalized @ [agency], IL on 2/17/05 & released 4/1/05 The services I received as a parent were excellent. [Second caseworker] & [child] (my son) will spend the rest of this month. Thanks, [parent] 4/4/05

Parent #197
Our SASS worker was wonderful. She was so helpful and her guidance, direction, and suggestions were right "on track" to helping with solutions to our problems. I would highly suggest this wonderful program to anyone in need of these services.

Parent #198
Our work was kind& respectful. The partial hospitalization program we were sent to was not covered financially by the program – we thought it would be. Workers in all areas of the field need to know what's covered and what isn't . (both at SASS & the hospitals)

Parent #202
My child didn't actively recieve services until 6 weeks into his 12 week plan. I feel the SASS worker was very helpful and could have been more beneficial with a longer time frame to address issues.

Parent #203
The counsler came every week on time and shows a great sense of really wanting too help. She provides us w/information that's current.

Parent # 205
I would like them to have a tutoring program to help the children when they aren't getting grades or are having problems with a subject.

Parent # 206
Every experience my child and I has had with SASS has been great. I have no regrets or disappointments with their services. SASS has brought me and my family even closer than we already were. SASS has also given us several ways to look at situations and how to come to solutions we all could agree on and deal with our decisions.

Parent # 207
The SASS program is an asset to both the patient & his/her family. Our family couldn't have gotten throught this crisis without the help of our SASS counselor. [Caseworker] was essential in our efforts to bridge communications with out son again. She helped us all by listening to our individual concerns & helping us to see how to more effectively relate to each other & realize one another's feelings & concerns.
The only thing that we found difficult was the time between when we hospitalized our son, he was released, & we were informed about the SASS program. It would have been helpful to have the SASS program explained to us while he was in the hospital – so we knew we would have some guidance when he got home & would have been less stressed about how we would all deal with him once he comes home. It would have helped us to feel more prepared to deal with the situation – if we'd known that we wouldn't be alone in our efforts.

Parent # 210
We like our SASS councelor. She seems understanding, caring, competent. However – the services our family received have been unconsistant. The councelor canceled a lot in the beginning to meet with us as a family. Our child sees her at school but often complains that she doesn't get to see her often enough. I feel neither our child, nor us have had much interaction with the councelor. I am rather disappointed because the services haven't been of much help when we've needed it. I feel there needs to be more communication & time. Spent on making sure appointments are kept and that the time we are together is spent in a fashion that a goal is achieved at each session. It's been very confusing frustrating & disappointing because we really haven't gotten the structured support we need.

Parent # 213
Your worker trying real hard. [Child], grandchild, needs to have better feelings toward family, has improved some. Dad has given him wrong ideas and still is, can't tell truth yet.

Parent # 215
Everything that was supposed to be done was done but, it wasn't followed through or checked upon regularly. The workers need to spend more time with all parties in the family together to communicate, make suggestions, make plans, and I believe when a goal is agreed upon the worker, parent and child need to be together end the worker should help set up whatever needed to reach those goals. As well as explaining them to the child more extensively my daughter really enjoyed spending time with her worker, though and liked the interest from someone else. So thank you.

Parent # 216
SASS is the best that I've seen. They are very kind and care for the entire family. They have an excellent program, thank you for the help.

Parent # 217
If a child is in crisis, he/she shouldn't have to wait until the next morning to be hospitalized because the SASS worker has not made efforts to find a hospital.

Parent # 218
Everyone to know what is going on that is involve in the case. To pass on information.

Parent # 220
[Caseworker] has helped us in so many ways. She helped deal with the death of daughter/sister she even came and did dished and helped with supper. My son does not normally form a bond with any worker but [child] loves [caseworker] and responds to her. Thanks for sending her to him.

Parent # 222
To be able to sit down in one or two sessions to finish paperwork. So far we've had 6 visits together and still not done.

Parent # 224
Wish the assigned counselor could spend more that 90 days with him. Seemed like she was just reaching the problem.

Parent # 230
SASS people knowing daughter & work at that. It would have been very difficult without their help.

Parent # 233
Address sirituallity

Parent #237
More intense training of parents to help prevent the child from abusing themselves such as the steps programs. I'm feeling very inadequate at this time.

Parent #239
Our SASS worker didn't stay in touch. When at the office for an appointment with someone other than the SASS worker, we were informed our SASS case was closed. Both my children were promised mentoring it in special activities such as karate and horse care. Both of my boys now feel they can't believe anyone in this off. We don't have other options within our rural area and due to our low income I feel as though my boys are to slip through the cracks due to my inability to pay for consistent/good care.

Parent #240
I haven't been with Sass long enough to know much about it. Thanks.

FY05 SASS Agency Administrator Comments
July, 2005

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Agency #01

1. Reimbursement timeliness relates to organizational readiness. Our start up for billing was a learning curve al new to us. The cost of billing production is still too high. We are just now implementing electronic billing. The busness training is needed to decrease our production costs while also increasing our service units. The increased consumer access to SASS is evidenced by the volume increase.
2. Payment rates do not cover infrastructure costs of maintaining 24/7 on-call services.
3. We need to develop stabilization criteria that cross all providers.
4. We need to define the SASS MODEL as a system of care based on evidence-based practices.

Agency #04

1. More children and families are being reached.
2. The rate structure (or Medicaid billing model) does not support CAASP principles.
3. There is no mechanism to pay for psychiatric services.
4. The eligibility process hampers service delivery.
5. Extention (SOC) process is cumbersome and problem prone.

Agency #05

The quality of technical support for billing needs to be vastly improved. Statistics on deflections and hospitalizations of high risk and low risk kids are meaningless unless you examine the growing recidivism and re-hospitalization rates. Before the new contract we could keep clients long enough to actually stabilize them. Now our SASS program has become a revolving door. I unfortunately do not see anything excellent about the program design.

Agency #07

Payment and rejection rates have been time consuming for administrative personnel and is a key variable in evaluating the costs of the program.

Transportation issues for clients and SASS providers in rural areas need to be taken into account as inpatient hospitalizations are over 50 miles away.

We have not experienced recent difficulties coordinating care with CARES. There were problems on who would call them. This has not come up over the past few months, however.

Agency #08

The subcontract creates up to 1 hour delays in referral time. CARES hotline staff at times have been rude and inappropriate with our staff.

The CARES system has in many ways made it more difficult for clients to obtain needed hospitalizations or services due to CARES staff declining eligibility on many various levels.

The CARES system and the need to constantly enter info into the HIS system is time-consuming and detracts from case management services that could be offered to the clients.

Clients who truly need SASS extensions past 3 months are not being approved for them.

Insistence that SASS after hours screenings take place on site places staff at potential risk of harm in some instances particularly when going in the dark to hostile environments at the home.

Agency #10

Look at 90 day eligibility, needs to be based on clinical need, not a flat # of days.

Reimbursement problems, difficulty getting billing system up and going.

Agency #11

Problematic inconsistencies between SASS trainings and CARES information and direction.

Generally confusing and unclear

Inefficiency w/ use of CARES

SASS services are in no way different from regular therapy services provided. Business model detracts from individualized assessment and treatment.

Agency #12

Early projections indicate than our SASS Program will be operating in a deficit. Medicaid rates don't cover our costs. Additional variable is the extreme rural nature of our area and the non-reimburseable expenses of travel expenses that the rates don't adequately offset.

Another factor is the additional administrative and business expense costs to SASS associated with the new re design.

Lastly, a key factor is the lack of infrastructure to address [clients? Note: not able to read this word – it's a reasonable guess] within SASS who need follow up care after SASS. Extensions beyond 90 days of SASS are difficult to get, and the step down of services from these seriously disturbed youth are limited and not adequately funded.

Agency #14

I am attaching an excerpt of a letter I received that sums up the issues that providers have with SASS. [Note: there was no attachment to the survey or in the envelope with the survey.]

Agency #15

The transfer process and assignment of eligibility and assignment of provider ID numbers has been extremely time consuming and problematic. Approval should be granted for the "SASS System" as opposed to individual providers. Additionally, 90 days is an arbitrary number. Each family is unique and may need more or less to stabilize. This creates a problem when extensions are denied or eligibility remains open and clients are not actively in services.

Agency #16

As a clinician, I find it difficult to deny services based on income/insurance coverage. It is disappointing (and seems unfair) to have to deny SASS services to hard working individuals who are trying to support and take care of their families.

Agency #17

SASS services are by their nature expensive to provide yet the fee structure is such that my center is losing money. At this rate we may have to stop providing the service.

Agency #18

Many of the staff involved in this initiative have been very helpful, particularly [name] and [name]. However, responsiveness to questions has not been a problem; getting consistent and accurate information is the issue.

As of this date, our agency has yet to be paid for an ICG cases despite a number of discussions, meetings, etc.

Reimbursement is generally cumbersome and not timely. It is unclear for what services we are being paid when we receive a payment. The notion of one payment for these

services is critical but the three agencies have not streamlined their procedures sufficiently to make the process 'provider friendly"

We do, however, believe in the initiative and feel that children and families are benefiting; however, an issue of cash flow is developing which only serves to cost our agency more money in borrowing to make necessary payments.

We do, also, appreciate this survey and the attempts of the agencies to work out these issues. If we can be of any help please feel free to contact me: [name, agency]

Agency #19

[name] at [agency] = excellent
Involvement of provider agencies in subcommittee = excellent
[name, agency] = excellent
[name]: - [agency] = excellent

- Medicaid billing does not cover all the case work that gets done and added on requirements. For example, faxing C-SPIs, HSOFI computer entries, traveling an hour for a 48 hr contact to see someone who doesn't have a phone and then isn't home (=2 hrs lost time). Off site services are not compensated for high enough. A lot of unbillable time goes into transfers which are a valuable piece of SASS services.
- Get us copies of the federal Medicaid guidelines and our state waivers!!

Agency #20

- Have local hospitals call the SASS provider directly and then have the SASS providers report electronically in the disposition of the case eliminating the cost of the CARES line which is nothing more than an unnecessary nuisance and an extra layer of bureaucracy down state.
- Get an electronic billing system in place.
- Do not attempt anything like this again with pilot testing. This has been a dismal failure.
- Compensate agencies for administrative and travel costs for teleconferences and meetings.

Agency #21

- Process of sending CSPI to Northwestern is slightly problematic.
- Cooperation from area hospitals in getting discharge summaries for SASS kids also problematic.

Agency #22

High screenings = low direct service post screening

Other issues have been discussed with state: why are you asking for more of the same?

Agency #24

There is a major loss of services by unfunded families using this program. Medicaid clients who present at an emergency room have this expense covered, unfunded families do not. The same issue applies for use of an ambulance.

I think the benefit of monitoring 18-21 yr olds who have Medicaid is questionable, especially since unfunded clients of the same age do not have these benefits. The agencies in this area who provide adult DMH services are not the same as those providing C&A DMH services.

Agency #25

Problem:

1. There is a discontinuity of business and clinical principles within this program. CASSP principles and best practice support extensive community and home-based services, however fees do not support these activities.

Suggestion:

1. Develop other means of financial support (e.g. capacity grants; administrative budget allotments) to offset costs incurred in providing established and empirically supported best practices—travel and on-call times.

Problem:

2. The amount of management and administrative support for billing preparation, submission, as well as corrections and **re-corrections** needed due to the state's inadequate and ill-prepared billing system. Also, training and supervision related to the provision of highly specialized intensive services among the highest-risk and most vulnerable of populations.

Suggestion:

2. Develop other means of financial support (e.g. capacity grants; administrative budget allotments) to offset costs incurred for administrative expenses related to the implementation of the SASS program and responding to continuous delays, changes and state-legal procedural ambiguities. And, of course, to support those activities that support staff to ensure high quality care (e.g. training, supervision, staff retention.)

Problem:

3. Inadequate planning for the continuation of much needed intensive services beyond the anticipated stabilization period of 90 days. Insufficient community-based treatment programs equipped to meet the needs of this population.

Suggestion:

3. Increased funding for other community-based programs to provide continued treatment post-SASS eligibility.

Problem:

4. Gross inadequacies in planning this change. Veteran SASS agencies with proven success and knowledge were not consulted in preparation for this expansive change. Valuable insight, had it been solicited, would have identified problems **before** implementation.

Suggestion:

4. Increased validity and influence of existing stakeholder groups. Also, more geographically based representation taking into consideration communities' diverse needs, problems and solutions. (E.g. beyond state southern and northern regions.)

   Also, it is requested that state department representatives please stop openly referring to this as a learning process—while most of us would agree that it is, it is a reminder of how poorly planned this change was and that the many of the problems we are "learning" could have been, and were previously, known.

Problem:

5. There is insufficient backing or support for SASS providers (and families) in dealing with hospitals when treatment philosophy and recommendations differ.

Suggestion:

5. More substantive training and workgroup activities to promote collaboration between SASS agencies and hospitals as well as more education about parents', clients', families' rights. The creation of Utilization Management protocols to examine treatment discrepancies as well as appropriate service utilization that could be used by both SASS and hospitals. In particular, the scope and limits of EMTALA. (It is acknowledged that SASS providers have the responsibility to attempt these in a grass roots individualized basis, however stronger backing would be beneficial). Perhaps funding for agency staff to coordinate with and educate hospitals as well as schools, juvenile court services and private practitioners.

Problem:

6. **Extensive delays** in answers to much needed questions and solutions to significant problems (e.g. there is still no solution for psychiatric service reimbursement for limited package SASS participants. This issue has been continually raised since July 1—8 1/2 months into this program.)

Suggestion:

6. To begin, do not have state agency representatives simply say, “We are working on it.” **Solve this problem.** Also, have more direct contact with individual SASS agencies to solicit input and other feedback.

Problem:

7. LOS extension approval process seems ambiguous and capricious.

Suggestion:

7. Develop specific, consistent and public criteria that is used to determine and (sic) extension (e.g. Utilization Management?). Also, establish levels of extensions based on needs (e.g. UM?) and approve LOS accordingly—not just 15 or 30 days.

Problem:

8. Management of interagency SASS client transfer is immensely time consuming, and significantly impacts client continuity of care for which little billable revenue can be obtained.

Suggestion:

8. Establish a statewide approval process for clients to receive SASS services from any SASS provider throughout Illinois, not requiring approval via CARES. Similar to Medicaid, once eligible, clients and families can access any Medicaid provider throughout the state easily and quickly.

Problem:

9. Unclear as to what CARES use to determine eligibility into the SASS program. Clarify what the acuity screening measures? Why do they screen at all?

Suggestion:

9. Have SASS determine this – we used to.

Agency #26

W/a fee for service program, more timely turn-around of billing would be beneficial.

Agency #27

1) Increase the rates, especially for SASS pre-screening. The current rate of $319 does not cover the cost of the service --
2) CARES should only take the call and route to the appropriate SASS (not do clinical screening on the phone) – SASS should be the one determining appropriateness for crisis stabilization services –
3) Extensions should be eliminated (as it exists now). There are children that will need more intensive services for longer time –
4) All SASS services should be available to ALL children. Currently, children with temporary RINS do not have access to PHP nor to psychiatric evaluations/med monitoring –

Agency #28

Junk Cares line. 1 800 adds confusion x 100.

Junk extension request, it adds more burden than it is worth. Fix a time and go with it.

Medicaid rates are completely out of line with real world costs, they need adjustment.

Melding DCFS and DMH has been ok but adding IDPA seems to have resulted in the lost the clinical practice/ focus, in preference to practice management (nickel counting). It has added weight without maintaining quality.

Once SASS felt like a partnership, now it feels like a burden.

Agency #29

Elimination of the care line. Functioning billing septon resulting in payment to providers in a timely manner.

FY05 SASS Program Director Comments
July, 2005

** All comments are printed exactly as they appear on the survey (e.g., with spelling and grammatical errors) but with any identifying information removed. Missing numbers indicate surveys with no comments. **

Agency #1

Revert to localized access to SASS, eliminating the CARES line.
Increase reimbursement rates or build in capacity funds in order to pay for the 24/7 crisis response staffing burden.
The response time requirement is good, as is the use of the CSPI as an assessment device.

Agency #2

I believe many of the SASS agencies – especially those that were in existence prior to 7/1/04 are doing remarkably well at continuing to provide excellent clinical care – unfortunately it is at the fiscal detriment to the agency. In the recent future something will have to give – clinical care or the SASS program overall will end @ the agency. The state needs to come up w/ a way to pay for psychiatric time for unfunded clients and pay the agency for administrative, travel, paperwork, failed apts, staffing the program. If this does not occur the SASS program @ one agency will end.

Agency #6

Instead of having only 1 SASS agency approved for services ALL SASS should be approved to make the transitions from the SASS who responds to the crisis to the SASS who will follow up with services smoother.

I feel that CARES should allow for some differences of opinion when a child is clearly having behavioral problems which don't always merit a hospitalization and those that are going through emotional problems. Sometimes I wonder why CARES is needed. It seems that instead of saving money we are spending much more. If the system wasn't broken why change it?

Agency #7

Screening @ hospital w/ Dr. order provides opportunity to build rapport w/ family. Even though decision made by Dr, SASS has a role w/ the family by being involved w/ crisis partnering begins early on. We have seen increase in follow through post hosp. because of the relationship.

Provide protocol for extensions to providers and allow providers to complete clinical determination for extension. Internal decision w/ supporting documentation submitted to state.

Remove CARES to ensure immediate access to SASS provider. Remove lag time from CARES receiving call and dispatch of SASS Rec: state 88#, automated request to enter child's zip code. Zip code routes call to appropriate SASS pager. Automated attendant requests referral source phone # which appears on pager. SASS responds immediately to referral source. All calls can be monitored/counted through phone line.

Agency #11

In our area, CARES impedes access to care. I'd suggest CARES not always be the 1st one called or used to determine the need for screening.

The reimbursement is too low for the type and volume of services provided. It does not cover the cost of providing the services. The "glitches" and delays in the system are more than problematic for viability.

Agency #12

Benefits

1. All children in IL have an independent evaluator/assessor determining needs or hospitalization when SASS provider is contacted.
2. More hospitals have been opened up to SASS clientele. More sources are available to clients and advocates can make recommendations defending on client's needs.
3. Medicaid clients will have help learning how to stabilize their children's behavior and meet their needs, sometimes without hospitalizations to deal with a recurrent crisis.

Improvement

1. Lead agency is primarily about finance and not clinical services; more focus on clinical aspect of SASS.
2. Policies and procedures need to be thought out, before presentation to SASS providers. The expansion was poorly executed by the lead agency.

Agency #14

Non-billable administrative requirements are at a much higher ratio than other publicly funded mental health programs.

Streamlining technical process is greatly needed.

ICG's inadequate in both technical assistance and agency compensation.

Difficult to provide continuity of care with resource limitations.

Strengths: Standardization of publicly funded crisis services. Far fewer inappropriate psychiatric hospitalizations for DPA youth.

Agency #17

Length of service, 90 days, is arbitrary & often too short
Extensions are too hard to get
The response times in our large geographic area is unreasonable
Increased paperwork and misc. non-reimburseable tasks, e.g., faxing, entry on web sites, SASS transfers
CSPIs are not applicable to young adults
CSPIs "get lost" in the faxing process
Increased program supervision time/ monitoring for compliance, finding "lost" data
Billing process very time consuming
CARES screening makes for MORE complicated referral process from the community point of view
We are serving more DPA clients but other children with limited insurance coverage are NOT being served. There are not alternative health care resources for them.
There is a certain subset of SASS clients who do not transition to general out patient and get no service unless in SASS
Travel time in our area is extensive and not reimbursed
Increased demands on SASS staff to do more ICG work.
Out patient staff are having a hard time responding to increase f/u for SASS clients being stepped down

Agency #18

Mandatory DPA screens + Fee-for-Service + CARES Acuity Screen = SASS RIP
The clinical integrity of SASS services has been decimated.

- Home LAN SASS agents should screen residents of their LANs. Prescreenings are the big ticket items in DPA billing so agencies doing the most screenings are more able to remain viable. Screenings that Metro FS would normally do are usurped by marketing efforts that take clients directly to freestanding psych facilities into other SASS agent's LANs. As a result, the projected number of prescreenings are way down.
- CARES Acuity phone screening should not upstage the face-to-face clinical prescreening. Fewer clients should be screened out or phone screen should be eliminated.
- Community-based emergency response services should not be on a fee-for-service basis. Office-based, discrete clinical sessions are ideal for FFS. Not psychiatric paramedic work.

Agency #20

The screening tool is good, the short period a child is served in SASS Program is very poor, because we find it difficult to stabilize a severe Emotional Disorder child in 3 months. A six months extension would be somewhat appropriate.

Agency #22

Case mgt. can provide as much as S.A.S.S. program – Due to all the screenings difficult to provide adequate services to those certified in SASS. Do not have the financial means to continue to hire staff.

Agency #24

Lack of inservice training and answers to questions that arise.
Parents to have a better understanding of their need to participate in SASS services.

Coordination of services is good but further refinement is necessary.

Agency #27

Extension requests should be considered even if child has not returned to the hospital.

Providers should have the authority to end eligibility if client refuses services rather than keeping client open in the state system for 90 days under that provider. (Recommendation made at SASS meeting.)

SASS workers spend a lot of time in transportation which is not billable. This needs to be compensated some way.

Agency #28

-- The ability to see children and families as often as needed remains the best part of the program as based on original design.
-- We would prefer to respond to children and families in crisis immediately and get information to CARES later. CARES has passed through many inappropriate referrals and I believe this may be due to phone screen versus face to face.
-- We continue to get e-mails about changes to the program design/protocol on a fairly regular basis. I'm not sure how to correct since this should have been addressed prior to 7/1/04. Consistency would ease confusion.
-- Despite a rocky initial referral process, we are able to continue with children & families who are willing to participate and achieve good outcomes.
-- The process of entering info in HIS, faxing C-SPI's, billing, etc remains very cumbersome. Lessening the reporting burden somehow would be most helpful and would allow us to focus more fully on clinical treatment.

Agency #30

Re-evaluate the acuity scale.

Agency #32

Assistance with billing would be greatly appreciated – we get different answers from every person we talk to and therefore figuring out the billing system has been a nightmare – not to mention that we are losing money because we aren't getting paid.

Prior approvals have been a huge problem – since we have more than one provider ID# the CARES line continually assigns the youth to the wrong number and therefore it takes a lot of time to get fixed – as well as billing gets rejected.

Having to rely on other agencies to call CARES and make referrals is not working – there needs to be some sort of penalty for those agencies that are not following through – it wastes a lot of our time having to call them over and over until they do it – not to mention that the kids are not getting services if we aren't authorized.

Providing services has been the easiest part of SASS – navigating the Medicaid system is a different story, which isn't as positive.

FY05 SASS Hospitals Comments
August, 2005

** This survey was a phone survey. All comments are printed as they were transcribed by the surveyor but with any identifying information removed. **

Psychiatric Hospitals

1) Would you describe what you like about the CARES line?

The line is nice for people who come in with no funding. We used to have to go through a longer process with DHS for admission of these patients. Now they are given a temporary public aid number by CARES, which facilitates the process.

The workers are polite, easy to reach, and accommodating.

There is nothing that I like about the CARES line.

They are fairly timely in there response to our call and their dispatch of a SASS worker.

The process allows us to receive payment much more quickly than in the past.

The workers are generally very nice and helpful.

The staff is very friendly. I believe that they advocate in favor of patients.

My experiences with the CARES line have been pretty positive.

We have had no major problems with CARES. They have always sent someone out when we have called.

2) Would you describe what you dislike about the CARES line?

The line is generally an extra step in the process.

When they gather information about a given patient, the process is very lengthy. Also, in the past they have forgotten to call SASS after finishing with the hospital.

Sometimes the CARES workers seem very confused. They are inconsistent in the number of questions that they ask. It can take a long time to get ahold of them.

The CARES workers are not clinicians and don't have the clinical judgment skills necessary to make the decisions that they make.

When a patient presents and needs to be admitted it becomes very cumbersome to get the patient through the process. There are too many agencies involved in the process. If

cases are not monitored very closely on a day-to-day basis, there is a very real possibility of an error being made that will make it difficult to receive payment..

At the hospital, we are seeing patients and doing face-to-face evaluations. The CARES workers are doing acuity screenings over the phone, yet their screenings do not always agree with our face-to-face assessments, which are more valid. Also, there is occasionally confusion. For example, if someone has a duplicate recipient ID number, it takes significant time for CARES to get back to us regarding which number to use.

There is nothing that I dislike about the CARES line. (3 respondents)

3) Do you have any suggestions for the improvement of the CARES line?

The CARES worker does not always give his or her name during the call. This makes it difficult to clear up error made by the CARES line with H.S.I. CARES workers should give their names at the outset of calls.

I think that the line is repetitive. When information is given to CARES, SASS calls back and asks the same questions. Also, there have been occasions where either CARES or SASS has incorrectly recorded information we have given them, such as misspelling names. Finally, I believe that CARES should ask about sexually inappropriate behavior, as that is a relevant risk factor.

There needs to be more consistency in terms of what information they need from the hospitals.

We have some difficulties with the competence of the workers after 3 P.M. specifically.

The people doing the initial assessments need to be qualified to make those assessments.

The acuity screen should either be dropped or modified so that it is more of a service screen. That is, if a clinical professional determines that the case merits a SASS worker, we should receive an automatic “yes” from CARES.

They should aim for shorter wait times on hold.

I have no suggestions. (3 respondents)

4) Would you describe what you like about the SASS program?

The SASS program always provides a pre-admission screening process that is often very useful. It is helpful to have some observation of a child in a less restricted area than the hospital. With private patients, the only such observation we receive is from parents.

The follow-up services they have set up for the time after inpatient care are excellent if done correctly.

The workers are thorough and hands-on.

The workers in our home agency are excellent. They are great clinically, easy to work with, and have sound clinical judgment.

When patients leave this facility, they are not just leaving empty-handed. We value the SASS program's post-discharge services.

If we decide to deflect, we know that SASS will be involved with the patient for 90 days. They provide good services for patients who are not necessarily in need of hospitalization. Also, the provide accessibility for people without funding.

At times they are easy to work with.

I believe that the program is very positive. Patients need someone to follow through with aftercare, and if there were no SASS program, I would say probably less than half would follow through.

There is nothing in particular that I like about the SASS program.

5) Would you describe what you dislike about the SASS program?

We often deal with SASS agencies out of our geographic area, and for these it is often difficult to find out who the local worker on a give case is.

Regarding crisis assessment, it is redundant with regard to the assessment done in the hospital. Also, there is also often a lapse of time between when a patient is released and when follow-up care is initiated; during this lapse, patients are often readmitted to the hospital.

There is nothing that I dislike about the SASS program. (2 respondents)

It is difficult at times to get the SASS workers to cooperate with the hospital. They can be very contentious.

Transfers can be very confusing. No one really know who will receive the transfer, and if there is a transfer, it often gets lost. Also, patients who are deflected are often not getting there services in time. This is causing patients to return to the hospital. Finally, we are still having problems with SASS not checking the discharge-planning box, particularly when a transfer is involved.

I believe that they minimize patient actions. Recently, I had them recommend deflection on a child who attempted suicide, saying that he was simply angry at the time. They put patients at risk and do them a huge disservice when they attempt to deny admission despite hospital requests to the contrary. We are forced to override their decisions about

75% of the time. I don not believe that child safety in their #1 priority. Deflecting patients and satisfying parents are their top priorities.

I don't see certain agencies following through during hospitalization.

Overall, the program is very redundant on the admissions side: there are too many levels of assessment occurring. Also, there is the potential for conflict of interest with the program. There are SASS workers who are working part-time for a SASS agency and part-time in hospital admissions departments. This is unacceptable if an objective, unbiased view is desired.

6) Do you have any suggestions for the improvement of the SASS program?

The program is redundant and takes too long. Often they ask questions over the phone which could be answered at the hospital despite the fact that they are coming into the hospital anyway.

There seem to be inconsistencies across jurisdictions. For example, one agency with which we work has a very thorough checklist, while another has only a one-page checklist.

Everyone needs to be on the same page. For example, we have had a number of miscommunications with SASS agencies over whether or not patients age 18-21 need to be SASSed. We have been given conflicting answers by the agencies. The protocol needs to be laid out clearly for everyone.

The State should approve extra funds for unfunded 18-20 year olds. Also, the various SASS agencies should have a uniform screening tool. Some currently have a very thorough screening tool, while others have only a page.

They need to understand that events such as suicide attempts always need to be taken seriously.

They should possibly hire more workers; a lot of their workers seemed to be overloaded with casework.

The redundancy needs to be eliminated. Also, communication between SASS agencies needs to improve. During transfers, there have been breakdowns in communication. The second agency has not gotten the relevant information in a timely fashion, buttons have not been clicked, and we have not gotten paid. Finally, the benefits of temporary REN numbers do not currently include physician billing. There is no compensation for physicians and no compensation for patients to be entered into partial hospitalization under the current system.

I have no suggestions.(4 respondents)

7) Have the changes to the CARES and the SASS Program since July 1, 2004 impacted the children and families you serve? If so, in what way?

The CARES process now has to be explained to parents who call into the hospital, and they often find it very confusing. Sometimes they are left with the impression that we don't want to admit their child, when in fact they are simply required to go through the CARES process.

Yes; the new system prolongs the process for them. Also, parents say that they sometimes meet with a SASS worker once and never hear back. Follow-up is not always happening.

There is now a higher rate of deflection, and after care has improved now that it is no longer solely in the hands of the parents.

In the past, we were able to accommodate patients very quickly. Now, patients are left waiting for hours while we go through the proper channels. This is very difficult for the parents, and it causes the children to escalate.

Families are saying that their SASS workers are more involved. Also, we are able to get more information regarding family dynamics.

Yes. From a continuity of care standpoint, patients have been linked more effectively to outpatient services.

The changes have had no effect on the children and families that we serve.

8) Have the changes to the CARES and the SASS Program since July 1, 2004 impacted the hospital's clinical operations? If so, in what way?

The increased number of eligible patients has added to the overall paperwork.

The kids we admit now are more acute, and we have had increased staffing, which is an improvement.

Doctors have to be more responsible now in terms of staffing; they must have a set schedule in place. It is nice to have an extra team player now, someone who may have different ideas and more resources available.

Yes. The changes have bogged down the front end of admissions. We are no longer able to admit patients in a timely fashion.

The changes have had no effect on clinical operations. (3 respondents)

General Hospitals with Child and Adolescent Inpatient Psychiatry Units

1) Would you describe what you like about the CARES line?

The line succeeds in acting as a facilitator between the hospital and SASS.

Some of the workers are very courteous.

The workers are courteous and knowledgeable, and they are always aware of the appropriate SASS contact in a given area.

The access to confirmation of current Medicaid status is one of the few good elements of the program.

The workers are very helpful, and their screening methods are straight- forward.

Things have definitely improved since November. There were some growing pains at first, but now those have been resolved and I am satisfied with the program. The ability to access information online has been a big help.

I have no real likes or dislikes regarding the CARES program. (2 respondents)

In general, I find them to be quick and efficient.

I think that they have done a good job adjusting to the magnitude of calls that they receive, which I don't believe they originally anticipated. They have generally been timely in their callback response to us.

They have been incredibly responsive and very helpful. They always get back to us promptly. I have been pleased with the CARES line.

I believe it is positive in the sense that it is convenient: it gives us a central resource which we know we can contact.

We have had no real problems with the CARES line.

I find nothing to like about the CARES line. (5 respondents)

2) Would you describe what you dislike about the CARES line?

The CARES line was implemented without any thought. Often we receive different responses regarding whether or not we should have called the line based on who answers the phone. Specifically, we have been told that we do not need to call CARES, only to discover later (when payment is denied) that we did in fact need to call.

It takes far too long for the SASS worker to arrive; I have had families waiting in the ER for up to six hours.

They often force you to hold for extended periods of time. Many of the line's workers are rude. They don't always follow through, nor do they always notify the hospital when they have failed to reach SASS. They have changed their procedures without notification in the past.

I don't like the fact that non-clinical people are making clinical decisions. Also, the workers are often rude.

We are often put on hold for a long time. Often CARES asks non-pertinent questions; the demand an entire medical history when it is unnecessary to do so. They are making a determination that they are often not qualified to make. They are at times rue. Honestly, I do not see the purpose of the CARES line.

I believe that it is an unnecessary step. CARES should be more of an initial data collection service. There are currently too many levels present for justifying admission. The line is unfair when a family calls in and a non-master's level person is making the decision. Families may have difficulty appropriately describing their child to the CARES worker.

Sometimes the CARES workers seem very confused. They are inconsistent in the number of questions that they ask. It can take a long time to get ahold of them.

The time-frame for families in the ER has grown significantly. Our hospital is collecting data on this, and we have determined that the wait time has increased by at least one hour and up to three.

They are occasionally rude; when I call CARES it is because they have not been called in the ED, and the CARES line will at times criticize us for not calling when the patient was in the ED.

At first the program was difficult and confusing. There was more disagreement on individual cases, and there were some issues with expectations, etc. These issues seem to have been resolved, however.

We often let the parents speak to CARES when they are on the unit, and we find that CARES does really not understand the needs of this community. This is a small, rural town, and often parents don't have transportation, etc., so a referral to a SASS agency is simply not enough. CARES doesn't seem to have anything else it can offer. Also, parents will get angry when CARES deflects their child. CARES is only interested in the answers to the questions they asked, but if the problem is more complex, they will not listen. At times we have had to ask for the supervisor because we did not trust the competence of the person with whom we initially spoke.

I have no real likes or dislikes regarding the CARES program.

I believe that the line is redundant when I have to call in for disposition and they have already spoken with the SASS worker regarding the patient. Also, they will at times deflect and refuse to reimburse if a patient is hospitalized, but then if the patient is not hospitalized they have no liability if that patient later harms himself or others. Also, it is very unclear what the qualifications of the CARES workers are, and I would prefer that they be trained mental health professionals.

There have occasionally been problems with them getting back to us in a timely fashion, particularly when something unusual has occurred and they have had to contact Springfield.

Sometimes, parents who speak directly to CARES do not understand why they do not meet the qualifications for admission under the acuity screen. It would be nice if CARES could find a way to better communicate with these parents.

There is no set time in which they are supposed to call SASS, and they give you know indication of exactly when they will call. I have waited up to 10 hours for a SASS worker to arrive, and in that case it was 2 hours before CARES even got in touch with SASS. If CARES would just be honest with me up front about how much time it was going to take them to call SASS, the system would run much more efficiently. As it happened in this case, the father missed a court date specifically because I told them that a SASS worker was on the way, and the SASS worker never arrived because he deemed the house "unsafe," which was precisely why the child needed a SASS worker.

We have had a problem in the past because we have two provider numbers: one for the Children's Hospital and one for the Medical Center. They have used the wrong number in the past, and it has forced us to spend some extra time. This is only a minor annoyance, though.

Things were shaky at first bust seem to have improved.

I have no real dislikes.

3) Do you have any suggestions for the improvement of the CARES line?

I believe that the CARES line should be eliminated. We have board-certified professionals that are capable of doing what the CARES line does. We prefer being able to communicate with SASS directly.

They must hire more people to answer the phones. Operators often put one on hold during a call in order to answer other calls.

CARES should be purely a message-taking service. It should be eliminated.

CARES workers should not have to make decisions over the phone when they have not seen the families.

At times, we have communications issues with CARES staffers and have to ask for supervisors. The staffers will at times not understand what is being discussed and will not know how to begin the problem-solving process. This is to be expected, but can hopefully be resolved.

I like the idea of the line, but there needs to be more in place than just a 1-800 regional number. If possible, the program needs to be made more local. Communities like Chicago and our more rural community have extremely different needs, and the system needs to reflect this.

It is more convenient when someone picks up right away. It might be nice to have a few more people available to answer phones.

The clinician should be given a better idea of what to expect. There needs to be more concrete information given to the physician, and the system needs to be more efficient. Also, CARES needs to discuss with clinicians how to explain this whole process to the families. As mentioned previously, the lack of concrete information given by CARES regarding the timescale can have serious repercussions for the family.

I have no suggestions for the improvement of the CARES line.(9 respondents)

4) Would you describe what you like about the SASS program?

It is a good source for community referral and follow-through after admittance. It provides linkage for follow-up outpatient care.

They are knowledgeable and comprehensive.

They assist in finding other options for placement when patients cannot be admitted.

The evaluators seem very nice, very educated, and for the most part very respectful of the hospital staff's opinions.

The make a real effort to arrive in a timely fashion. There are usually there in 15-30 minutes, far exceeding their requirement. I also believe that it is less traumatic for a family when they have a SASS worker with them throughout the entire admission process. This aspect of the program may have reduced readmissions. SASS has also improved compliance with follow-up treatment.

We have a very good relationship with out local agency. Open communication exists between the hospital and the agency. We need people to go out into the homes after discharge, and we value the work that SASS does in this area.

The program gives kids access to extra services that they might not otherwise have. They are given help with transportation to appointments, help with placement in residential programs, etc.

Our SASS workers are excellent. We have a very good relationship with them.

I think the program has the potential to be excellent. I have known some workers for years, and they are very good. It is excellent to have workers involved in discharge planning, and it is great that the parents get a chance to know their individual worker.

Our SASS provider, is excellent. They are always available, very caring, and usually arrive quickly. They are excellent.

When we need a SASS worker for a child on public aid, we can usually get one immediately. They are very involved with the patients.

I like that true mental health professionals do the screenings. We have an excellent SASS agency here, and I have no complaints about them.

Our SASS program is excellent, and we have a wonderful working relationship with them. They are very responsive, not only to our needs but also to the needs of outlying communities. We are the only hospital in a very large radius that handles child and adolescent psychiatric needs, so often our SASS agency must deal with more rural surrounding communities, and they do so very well. We had a meeting with our SASS agency early on when the changes were instituted to prepare us, and it was very successful, so much so that we have kept the meeting going on a quarterly basis.

I believe that many children are benefiting from the community-based program. The children do much better in their own environment then they would in a sterile office

Some agencies do a very good job.

They usually arrive in about 50 minutes, which is a fair time window.

I have no particular likes regarding the SASS program. (2 respondents)

5) Would you describe what you dislike about the SASS program?

It often takes them an extremely long time to respond; families have had to wait up to 4-6 hours.

It often takes SASS workers far to long to arrive. Also, the workers often expect me to have done things which are not part of my responsibilities, e.g. set aside beds.

They are given 90 minutes to respond. As a result, are emergency rooms become clogged

It takes far too long for the workers to arrive. At times, it has even taken several days.

When the SASS worker does not want to approve an admission, they are unwilling to compromise. They will try to deny admission over a doctor's recommendations.

We have some problems with documentation. At times, SASS workers will say that they have entered into the system that they were involved in discharge planning, but then public aid cannot find the entry. Also, both SASS and the hospital should not be required to contact H.S.I.; this is redundant. At the least, hospitals should be given a 24-hour window in which to call H.S.I., rather than the current 'same-day" window.

The current system provides an unnecessary double evaluation for children in an emergency setting. A double standard is in place for children with psychiatric illnesses. Children with, for example, asthma do not need to be screened multiple times, but under the current system children with psychiatric illnesses do. Also, there have been some communication issues with agencies out of our local area. Different agencies appear to set different standards. At times, we have had problems with agencies not contacting families after discharge, resulting in repeat hospitalizations. Some cases fall through the cracks.

It seems like they have a difficult time holding onto staff.

I actually think that the DCFS SASS worked better than the current model. We have seen a real problem with follow-up. SASS workers are supposed to set up appointments to meet with families after a child is deflected. We do not see this happening in a timely fashion, and often the child just ends up back in the unit. Also, there are times when SASS workers refuse to go out to homes claiming that they are too dangerous, when we all know the family in question and know that this is not the case. SASS also claims that they will help families with transportation, but in this community, where transportation is a real problem, we don't see it happening.

If the child is not on public aid but could use a SASS worker, it is very difficult to get one.

There are a number of technical things of which we have to keep track: start times, stop times, when it is proper to request an extension, etc. This can be frustrating at times. Also, 90 days is a brief period of time, and sometimes it takes more than 3 or 4 days to contact a family. Many of the families are not easy to get in touch with. I would like to see a little more flexibility from the SASS program in this area.

I have dealt with SASS twice recently, and the first time, as mentioned earlier, I did not get a worker. The second time the worker seemed very rushed, and although he worked hard to secure a bed for the child, he didn't take a lot of time to explain the situation to the parents. He told them quickly what was happening on his way out. He needed to sit

down with the patient and take some time or at least ask me to do so. He got the job done, but he did not seem very professional..

We have had problems with one agency in particular. They frequently fail to call us back, and we have had patients call to tell us that no one from SASS has called them or come out to the house. Also, they will call us to complain that we have not notified them of an admission when it is not our job to do that. Also, transfers take too long. Frankly, one of the two agencies with which we deal is incompetent. We often must take it upon ourselves to locate workers from the agency. They often fail to check the checkbox, which causes us to be denied payment. This is a major problem.

On 3 occasions, workers have disagreed with the hospital's disposition. Also, on rare instances, it has taken the workers 90 minutes to arrive, which is too long.

I find nothing to dislike about the SASS program. (4 respondents)

6) Do you have any suggestions for the improvement of the SASS program?

CARES needs to act as a facilitator of care, not a gatekeeper. They need to avoid immediately attempting to deflect cases and allow clinical people to do their jobs. SASS screeners need to collaborate more with caregivers. They must avoid immediate attempts at deflection, especially in crisis.

If possible, more workers should be hired and more centers should be opened. Currently, some centers must cover extremely large areas.

The program needs to hire more workers. Often there is only one worker on call for this location.

SASS needs to hire more workers. Also, for people with Medicaid coverage, a call should not be necessary on top of evaluation in the ER; this is double work.

The program is important for follow-up but is not necessary in the ER; if we disagree with the SASS workers, we will always override their decisions.

The need for a second evaluation should be eliminated.

It seems that specific workers are often overwhelmed by their caseloads; they should try to strike a better balance between the workers.

Hospitals were simply presented with this program. If the program is revised, more hospital people should be involved in the development of the program.

The only suggestion I can make is that more workers should be hired.

I would like to see some increased flexibility regarding the time scale of SASS services and possibly even an extension of the 90-day length.

They should have more trained clinicians working for them.

First of all, they need to transfer cases as quickly as possible. The agency that receives the case needs to call us as quickly as possible to notify us of who the case worker is, what her number is, etc. Often we do not receive this information. We have blamed in the past for not calling when in fact we have called two or three times and the original case worker did not inform the case worker to whom the case was transferred. The agencies (one in particular with whom we work) need to take more responsibility and see there cases upon discharge. Often, as I said before, they are not following up after discharge as they should.

I have no suggestions. (7 respondents)

7) Have the changes to the CARES and the SASS Program since July 1, 2004 impacted the children and families you serve? If so, in what way?

Children and families have been negatively impacted by the delay in getting SASS workers on site. In addition, our hospital has a partial hospitalization program. The uninsured are now not eligible for this, although Medicaid patients are. A double standard has emerged.

SASS follows through more often, although still only about 80% of the time. Wait times for families has increased dramatically.

I believe that the children and families are better served since the changes were implemented.

They have slowed the process down. They have added an additional two hours to families wait times.

They have extended the time in the ER for some; however, there were fewer evaluators in the past, so the ER time has actually been decreased in some cases. Also, now with the increase in number of evaluators, there is better knowledge and better trust between SASS workers and the hospital.

They have increased the wait time for families in the ER. However, our hospital anticipated this, and we were prepared for it.

On the good side, we have seen better connection with families, particularly after discharge. On the bas side, ER waits have been lengthened considerably.

The changes have helped our families greatly, particularly from a financial perspective.

It is just another hoop through which families have to jump. They have done a very poor job distributing information on the new program to the community (schools, law enforcement, etc.). Even this hospital just received brochures on the changes a few months ago.

There has been more conflict between SASS workers and parents. At times SASS attempts to deflect children that end up being admitted per parental request. SASS works very hard to keep children out of the hospital setting, and this can create conflict.

The changes have impacted those on public aid positively. They no longer have to go on waiting lists for services. The changes have decreased rehospitalizations for this group.

Yes -- the increased time length in the ER has made many 2nd shift admission move back to 3rd shift. First of all, this does require children and adolescents to stay up much later than is desirable. Also, 3rd shift was traditionally a time when the ER was relatively quiet, where patients were able to sleep, etc., and that has been compromised somewhat by the increased wait time. In the past we were able to assess patients within an hour; now it takes 3-4 hours to go through the entire process.

Some very needy families have been impacted in that they don't really understand the concept of the 90 days of service. They will think "oh, my child will be cured in 90 days." It is very difficult to explain that this is not the case to some low-functioning families. Again, we would prefer that the 90 days be extended.

I think they have impacted the families in a positive way. Now more people qualify for the 90 days of service, which is helpful with very few exceptions. The only problem is that some agencies do not follow up.

Yes: it has lengthened the average wait time by approximately 60-90 minutes.

The changes have had no impact. (2 respondents)

8) Have the changes to the CARES and the SASS Program since July 1, 2004 impacted the hospital's clinical operations? If so, in what way?

No: we still rely primarily on our physicians to decide whether or not admission is appropriate.

The hospital is often chaotic; the amount of time spent waiting on SASS only makes it more so.

At one point, we had a logistical problem with SASS pulling kids during group time. However, this was resolved with a simple phone call.

Clinical operations have actually improved to some degree. We can now better collaborate based on a child's current needs, and particularly his/her discharge planning

needs. We are better able to have discussions with the SASS workers regarding an appropriate discharge plan. However, the changes have created an administrative nightmare. New bureaucratic steps have created a good deal of additional work, particularly the discharge-planning box. Issues with this box (whether or not it has been checked appropriately at each step in the process) have created at least 25-30% more work.

We are now more required to check on the patients benefits, etc. than we were in the past. In the past we were a little more lenient. Also, we are responsible for the SASS staffing now. Overall, I would say we are now more involved, which is certainly a good thing.

They have improved clinical operations regarding kids with whom we may have been on the fence. In the past, we might have admitted a kid even though we weren't convinced that he should be hospitalized just because other options were not available. Now, we know that the child will have access to SASS services.

No, other than that our census is down.

They have tightened the hospital's connection to outpatient treatment. With the SASS worker present, follow-through is ensured when in the past it was not.

No, not really; the occasions where there have been disagreements between the hospital and CARES or SASS regarding admissions have been rare, and in those 3-5 cases the psychiatrist has overridden.

The reimbursement rate has been lower. Sometimes CARES will deflect against the wishes of our psychiatrist. Our psychiatrist will override the decision, but it will cause the hospital to lose money. This impact has been significant. Otherwise, the changes have simply created another hoop to jump through.

It has affected the ER in that it takes up a room for an extra 90 minutes. Otherwise, there has been no effect on clinical operations.

The changes have had no effect on clinical operations. (6 respondents)

General Hospitals with Adolescent and Adult Inpatient Psychiatric Units

1) Would you describe what you like about the CARES line?

I have very little to say either for or against the CARES line.

I have no particular likes. (2 respondents)

2) Would you describe what you dislike about the CARES line?

At times I disagree with the CARES assessment; I would prefer if a SASS worker came out directly.

The line is at times very difficult to work with. Their screening criteria are not adequate. They ask very black or white questions that do not allow room for the many shades of grey into which these kids often fall. These questions should not determine a child's path of care.

My staff complains about having to deal with the CARES line at all. It prolongs times for patients in the ED, and it seems like an unnecessary extra step in the process. Also, at times my staff has reported that CARES workers seem confused about their roles.

3) Do you have any suggestions for the improvement of the CARES line?

The person making the decisions does not always have the ability to make the decisions. A SASS worker should come out regardless of the CARES assessment. An actually eyeballing of the patient is often necessary; it is difficult to properly describe a patient's condition over the phone.

They need to change their assessment criteria by widening them. In the ER, we have a very short amount of time with a patient, and we often don't have the time to do the sort of assessment needed to answer CARES' questions. It would be better if CARES spoke with the SASS worker after SASS had done the assessment.

I would suggest eliminating the line, taking the money used to fund it, and giving it to SASS agencies for more outpatient services. Resources should be diverted toward the back end of care.

4) Would you describe what you like about the SASS program?

I think that the SASS workers do very thorough assessments. They do a wonderful job.

The workers are nice and very easy to work with. They are excellent.

The program seems to work fairly well. The workers are timely, courteous, and responsive. We have not had any conflict with them. Their presence in the ED is helpful

when we refer them to the agency in that the agency already knows the patient's name and situation. They are like a nice managed care company.

5) Would you describe what you dislike about the SASS program?

Their presence in the ED is just another overlay in the process. In my 4 years here, there has never been a case where the SASS worker has differed from our disposition; they just verify what we do.

There is nothing that I dislike about the SASS program. (2 respondents)

6) Do you have any suggestions for the improvement of the SASS program?

SASS needs to be more involved on the back end of care and less involved on the front end. It seems to me that lots of resources are being wasted. We have CARES, SASS, H.S.I. and us all watching the same case. Why is the state spending money on three levels of people? The system is no longer abusive but is monitored as if it were. The money used should be diverted so that patients can be linked up to care more quickly on the back end in order to reduce recidivism. Often it takes a long time for patients to gain access to outpatient services.

I have no suggestions. (2 respondents)

7) Have the changes to the CARES and the SASS Program since July 1, 2004 impacted the children and families you serve? If so, in what way?

They may have lengthened the time that the parent waits in the ER.

I think that they have helped both the kids and the parents. Many of these parents do not have the best parenting skills, and SASS has helped to ease that difficulty.

No, not really. No child has gotten better because of CARES.

8) Have the changes to the CARES and the SASS Program since July 1, 2004 impacted the hospital's clinical operations? If so, in what way?

They have helped us in our ability to deal with the kids that come in.

The ED has become more clogged, but otherwise no. If they were to disagree with our decision, we would override them. We would not put our liability in a state agency. But truly, we haven't had any differences of opinion.

The changes have had no effect on clinical operations.

General Hospitals with Adult Inpatient Psychiatric Units Only

1) Would you describe what you like about the CARES line?

The workers are always polite, kind, and helpful.

They always seem to answer promptly and are very nice.

The workers are generally very friendly and helpful.

There is nothing that I like about the CARES line. (6 respondents)

I have no real likes or dislikes regarding the CARES line.

2) Would you describe what you dislike about the CARES line?

It is unnecessary for people age 18-20. It is a lot of unnecessary extra work. The guidelines were not made clear on implementation; for example, there was no indication that CARES needed to be called upon discharge of a patient. Furthermore, they do not put information into the system in a timely manner.

When we were given training on the CARES line, we were told that they would have information on outpatient services to which we could refer patients even if they did not need hospitalization. They do not appear to have this information. We are also told to call if we have a patient age 18-20, but any such patient who has Medicaid still pending is rejected by the CARES line. I don't see the point of making the call in this case.

A few times I have been told that a patient does not meet the criteria for screening. This is fine, but then when I asked what the criteria were, they would not tell me; they just told me to call every time. I would like to have a better sense of this so that we don't waste time calling when a patient clearly fails to meet criteria.

There has been confusion about whether or not to call regarding patients between the ages of 18 and 21; we have been getting mixed messages.

We dread calling the CARES line because we know that, if we have to, the patient will be waiting here for 4-5 hours. In addition, at times we are on hold for up to 15 minutes.

I find it frustrating when we are told that a patient does not need to be seen when he/she is sitting in front of me and clearly needs to be seen.

They ask a number of questions the answers to which are just repeated to the SASS worker. The process seems redundant. Also, I don't understand why people between 18 and 20 (legal adults) need to go through this process. The biggest problem has been the lag time between when we call CARES and when CARES calls SASS. This can take from 45 minutes to an hour. At times they will also cal the wrong SASS agency; there is some confusion on the part of the CARES workers from time to time.

I have no particular dislikes regarding the CARES line.

I have no real likes or dislikes regarding the CARES line.

3) Do you have any suggestions for the improvement of the CARES line?

They need more available representatives.

I don't really see why our calls don't go directly to the local SASS agency; I don't really see the purpose of CARES.

They should probably employ more people; their workers seem to get really inundated and backlogged.

Again, I would just like to have a better sense of the criteria for screening.

It should not apply to anyone over 18. (2 respondents)

I have no suggestions. (4 respondents)

4) Would you describe what you like about the SASS program?

They provide good follow up, particularly for minors

In theory, I think that it is great to have kids assigned to a case worker. It should improve outpatient compliance.

The SASS workers are very good; I have no complaints about them.

The workers are good; I have no real complaints about the SASS program itself.

I have no particular likes or dislikes regarding the SASS program.

I find the SASS workers to be very capable, accepting, and easy to work with. They give very in-depth interviews to the patients.

I really believe in the SASS program.

I have no particular likes about the SASS program. (2 respondents)

I like the program quite a bit; it is a good program to manage this age group. It also takes some of the pressure off of the intake department. I think it is an excellent idea.

5) Would you describe what you dislike about the SASS program?

I dislike that it applies to 18-20 year olds.

In practice, I am not seeing follow-up by SASS workers, particularly if a call is made and a patient is deflected. There also seems to be a great deal of confusion regarding whether it is the hospital's responsibility to contact the SASS worker or vice-versa after discharge.

At times the waiting period for their arrival is too long; it often takes over an hour, and there is frustration in the Emergency Department.

I have no particular likes or dislikes regarding the SASS program.

We don't always get a call back from the SASS worker after calling CARES, so we often don't have a sense of when the SASS worker will be arriving. This can be a problem with behavioral health patients, who tend to escalate.

From agency to agency, standards are different. There are definitely differences in response time and quality of care among different agencies.

We are no longer admitting 18-20-year-old patients because of the confusion with the SASS system; we have lost pay in the past over these patients.

There is nothing that I dislike about the SASS program. (2 respondents)

I believe that the program is redundant in the hospital. There is no need for a SASS evaluation in the ER when we have licensed, trained professionals on staff. It is a waste of everyone's time. Considering that we do not have a child and adolescent unit, we have no conflict of interest regarding SASS patients. I can see why such an evaluation might be necessary in a hospital with such a conflict of interest, and I can see how it would be useful for a hospital without licensed mental health professionals on staff, but in our case, it is redundant.

6) Do you have any suggestions for the improvement of the SASS program?

Eliminate it for the 18-20 age group.

In my experience, SASS has not always followed-through on their stated purpose. Kids are not receiving the services that they should be receiving.

Regarding the wait times, their hands seemed to be tied; I'm not sure what else they can do. Perhaps they could train some more staff; at times the staff they send seems to be poorly trained, lengthening the wait times for the patients.

I think that, on their end, they have tons of paperwork that sometimes slows their response time.

There has been some confusion regarding what hospitals are responsible for regarding 18-21-year-old patients. Also, the Medicaid population often simply does not want the follow-up services; they simply want their children to be hospitalized.

I understood more about the new system after a seminar I attended, but these seminars are rare (I missed one and had to wait a month and a half before I could get into the nest one). These seminars should be more frequent, particularly when there are changes in the system.

I have no suggestions. (3 respondents)

We should be able to do our own separate evaluation and then tell them what course of action we are taking. They should serve more like a managed care company, where we review the case for them over the phone and they decide whether or not to approve. Specifically, I believe that this should be the case for hospitals that have clinicians of staff but have no conflict of interest.

7) Have the changes to the CARES and the SASS Program since July 1, 2004 impacted the children and families you serve? If so, in what way?

Yes; I believe that adolescents are now being placed in more appropriate places.

The main impact has been on patients' wait times. Now, they are here for 3-4 hours longer than in the past. In the past, we could deal with each patient in about 30 minutes.

The level of care they receive has remained the same, but now they spend significantly more time (a couple of hours) waiting in the ER.

In the past, the system was more streamlined; the new system just adds another sometimes frustrating step for parents. On the other hand, children are getting follow-up services that they were not getting in the past, which is great.

No, most of the cases we have seen are 18-20-year-olds who are in ICS already. It seems useless to have this system in place for them.

On the positive side, we no have better access to getting kids into the hospital. SASS has a better sense than we do of what hospitals have available beds. On the negative side, wait times have increased for families, adding to their level of frustration. The sense that they must talk with multiple providers also adds to their level of frustration.

8) Have the changes to the CARES and the SASS Program since July 1, 2004 impacted the hospital's clinical operations? If so, in what way?

It has provided the hospital with more paperwork.

The main impact has been due to the increase in wait time. Now we often have to call someone down from the Psychiatry department just to baby-sit the patient.

Now we have to devote more resources to working within the system. Our case manager must spend more time making sure that there haven't been any glitches and that all relevant parties have been notified. This does take some time away from direct patient care.

The changes have had no effect on clinical operations. (3 respondents)

We have gone back and forth with the degree to which we need to be involved. It doesn't always make sense to do a full evaluation when another will be done by a SASS worker. If we are really busy, we might not do a full evaluation knowing that SASS will come in. The changes have affected our level of assessment and involvement.

General Hospitals with No Inpatient Psychiatry Unit

1) Would you describe what you like about the CARES line?

I have very little to say either for or against the CARES line.

I like the CARES line; I am personally not proficient in assessing children and adolescents, and I am glad to have CARES available as a resource.

They tend to respond quickly; our interactions with the CARES line have been mostly positive.

I have no particular likes**.**

2) Would you describe what you dislike about the CARES line?

At times I disagree with the CARES assessment; I would prefer if a SASS worker came out directly.

I don't have any particular dislikes about the CARES line.

There were some problems initially with getting them to call us back; we had to call them several times on occasion. There were also problems early with getting SASS workers here efficiently, but that seems to have improved.

It takes too long to get a worker to the hospital, but I don't know if that is on CARES' end or SASS' end.

3) Do you have any suggestions for the improvement of the CARES line?

The person making the decisions does not always have the ability to make the decisions. A SASS worker should come out regardless of the CARES assessment. An actually eyeballing of the patient is often necessary; it is difficult to properly describe a patient's condition over the phone.

They frequently assume that I am calling to request a SASS worker, when at times I may be calling to consult with CARES itself.

There needs to be greater consistency in their responses, that is in what circumstances they will accept a patient. I can call them and give the same information to two different people who answer the phone, and the decision may be different. We might call in one patient and have him rejected, and them call in an extremely similar patient a week later and have him accepted. Standards need to be more consistent.

I have no suggestions.

4) Would you describe what you like about the SASS program?

I think that the SASS workers do very thorough assessments. They do a wonderful job.

I am very satisfied with their timeliness.

I find that the SASS works well here; our local provider tends to be responsive.

I have no particular likes.

Generally, the workers are very competent and do their jobs well.

5) Would you describe what you dislike about the SASS program?

It takes them too long to get to the hospital. Also, they do a poor job keeping t he nurses informed of what is going on with a given patient.

When we get a worker who is new to the program, the process becomes more cumbersome. The new workers often do not do everything that they are supposed to do, such as fully following through with the physicians.

I find nothing to dislike. (3 respondents)

6) Do you have any suggestions for the improvement of the SASS program?

There seems to be some confusion regarding what role the SASS workers take and what role the hospital takes; there needs to be better communication between the two so that everyone's role is clear.

The only real problem we have encountered is with the arranging of transportation. We do not have a psych unit, so any child that comes in must be transferred out, and there is often difficulty acquiring transportation.

They need to be more timely and to do a better job keeping staff informed.

No suggestions. (2 respondents)

7) Have the changes to the CARES and the SASS Program since July 1, 2004 impacted the children and families you serve? If so, in what way?

They may have lengthened the time that the parent waits in the ER.

Often, families come in insisting that their child be hospitalized, often against the best interests of the child. The changes have served to protect children from overzealous families.

The changes have had no effect on the families and children we serve. (2 respondents)

8) Have the changes to the CARES and the SASS Program since July 1, 2004 impacted the hospital's clinical operations? If so, in what way?

The changes have had no effect on clinical operations. (4 respondents)

FY05 SASS Community Mental Health Provider Comments
August, 2005

** All comments are printed exactly as they appear on the survey (e.g., with spelling and grammatical errors) but with any identifying information removed. Missing numbers indicate surveys with no comments (or not returned). **

CMHP #05

SASS Increased collaboration and treatment planning with existing services as well as transitioning continuity of service important before & after SASS worker leaves (after 3 months). Agency finds it can be difficult for SASS worker to be reached for staffing on treatment planning for child to prevent Abrupt/frequent transitions for client during SASS intervention. Recommend SASS meet with any psychiatrist, counselor, etc. to provide comprehensive & effective services to help client experience less disruption and more continuity of care. Also, training in how to use CARES and SASS helpful to our agency in future (e.g., what CARES is, does as well as SASS).

* We have had minimal interaction with CARES and survey may reflect one to two interaction with SASS at most over the last 3 months *

CMHP #07

Often times the minors clearly demonstrate homicidal and/or suicidal behavior, but SASS staff have refused to approve hospitalization. On every occasion that we have been declined an appropriate disposition, we have gone to the psych hospital & a psychiatrist has agreed to hospitalization. It appears that SASS's criteria are higher than that of a psychiatrist.

CMHP #11

One provider for an entire LAN, who is uninterested in serving outlying counties, does not make sense. The quality and quantity of SASS services provided in our counties have decreased significantly.

CMHP #14

It has been a problem that SASS no longer provides crisis intervention services to families in the community who have private insurance.

Improve response time – calling CARES & then CARES calling SASS & then SASS responding takes significant time.

CMHP #15

Workers of CARES and SASS seem unclear of procedures – you can call with a problem and get conflicting information. Such as parents can or cannot directly call CARES. Also, SASS followup is sometimes too limited.

CMHP #18

Better follow up between family and SASS worker.

Improved communication between SASS worker and therapist.

CMHP #19

Don't include our agency in service plan. At times, our recommendations are not followed. No follow-up.

CMHP #21

It is disruptive to continuity of treatment when SASS becomes involved. We are not the SASS agent and if a child is hospitalized then getting approval to provide future treatment is difficult. Without approval the time that our crisis spent with youth is not billable and we lose Medicaid money. We should be allowed to bill for our time without getting the approval.

SASS provider is 50 miles from our agency. Travel time is hard to explain to parents when we have a crisis worker on staff.

Transportation to hospital – closest children's hospital is 2 1/2 hours away.

CMHP #22

Communication between SASS and [this provider]'s clinicians about open clients needs to take place in a timely and expedient fashion. It is imperative that the outpatient service provider be included in the Aftercare Planning prior to discharge via the SASS caseworker/therapist.

CMHP #23

We have not received any payment for SASS services rendered for the entire past fiscal year. This has seriously hindered our services. With no funding, it makes services very difficult to provide, especially since SASS services are to be provided in the community. This means extra financial burden of transportation and this also ties the SASS worker up in time management. Our SASS screenings are provided by another agency. We have a good working relationship with their agency. This has not been a problem.

CMHP #25

Suggestions to improve

1. Hire master level SASS workers – 40 hours of crisis training is not efficient.
2. Staff know the client, their history and home environment – SASS worker needs to listen to staff – not just the client, as most kids are resistant to being hospitalized.
3. SASS worker needs to provide follow-up information – plan? – with the client's therapist.
4. SASS worker needs to be more concerned about child/adolescent than discussing # of hospitalizations so they (<u>their agency</u>) <u>looks good</u> on paper.
5. Duplication of services – (2 billings for crisis intervention)
6. Children and adolescents have informed therapists that they will not talk to a "Stranger" about their problems.

Problems [unclear] clt's at risk of being hurt or dying

1. One clt was assessed by therapist & supervisor – SASS called. Clt reported he was suicidal & had a hx of overdosing. Clt was deflected by SASS. Overdosed the next day.
2. Clt threatened to run out in the traffic. Six police cars & paddy wagon involved to take clt to ER for SASS eval. Clt deflected – 3 days later attempted to run into traffic when at a social event.

My staff provided input for this survey: SASS worker [name] at [SASS provider name] is a role model for an excellent SASS worker.

CMHP #32

These responses reflect those of the crisis clinicians for the SASS program only. Not on-going services.

CMHP #33

Our agency provides service to a lot of adult ACT clients who may be under DCFS from age 18-21 years. When we have to certify a client for involuntary admission to the hospital, it is usually an urgent situation. The involvement of SASS with these adult clients makes it difficult for us to keep all of our clients safe and to manage clinical emergencies effectively, due to delay in SASS response time.

These issues were raised at several SASS trainings/information meetings with DMH/ SASS staff.

CMHP #34

[unclear] Contracts be allowed to be split among LANS.

CMHP #38

Our agency has not used the CARES line in the past 3 months.

CMHP #41

We served as SASS provider for our county quite effectively prior to the restructuring. We do not provide SASS services since the contracts went to one agency per LAN.

I see some losses in the following areas:
1. lack of awareness of community resources as new SASS agents are not rooted in the community.
2. loss in continuity of care in losing clients to SASS agent during a difficult time.
3. loss of family involvement due to new providers lack of rapport.

CMHP #45

We provide the followup services to SASS clients. Cares often doesn't notify us of SASS approved clients and their period of eligibility.

CMHP #51

Please consider improvements to the process of authorizing a child to receive out-patient services from an agency once employed in SASS. Currently to serve a SASS child we must

1) Know the child is a SASS recipient.
2) Notify our local SASS provider that we've received a SASS child's referral.
3) Wait for provider to get CARES to approve case for O.P. therapy.
4) Do a manual billing form post services.
5) Wait for IDPA to send permission to submit bill for payment (letter).

A bit cumbersome

CMHP #54

SASS Services Comments

1. The length of time from crisis to disposition can be up to 6 hours. This is unacceptable. The ED turnaround needs to be 1-2 hours at the most.
2. Information has to be given twice in the ED. Once to the CARES line and then again when SASS arrives. This is time consuming for the ED staff.
3. Process into the system needs to be streamlined. The intake assessment is done at a different time than the SASS assessment. Couldn't they be done at the same time?
4. CARES line should not put people on hold. Computer problems are frequent and they say they will call back with the entry number and then don't. They say the last shift did not pass on the info to call. Back. Communication needs to be improved.

CMHP #57

The CARES system adds a layer of bureaucracy to the system and delays care during a time of crisis.

CMHP #58

The time it takes for SASS to arrive after the initial call is a huge problem. It is always at least 1 hour. Sometimes, it is 2 to 3 hours. Many times they do not see or talk w/the child. No plan is ever developed to prevent re-occurrence.

There seems to be a lack of communication between SASS and hospitals. The wait at the hospitals is outrageous. There is no aftercare or services provided post hospitalization.

They are generally very nice people when they come out.

* They also seem scared with more aggressive clients.

CMHP #59

We have experienced a lot of inconsistency in the response from hospital programs is our area. [Hospital name] has been excellent. Others have been ok to poor. There has been some improvement in the last 6 months.

There is a major gap in resources available to children who have Medicaid and those who are unfunded. Medicaid clients have more resources available to them, such as ambulance services and IOP services.

CMHP #63

The Cares line workers should not be giving the "Acuity Tests." Professionals who have had a history of working with the client are more capable of deciding who needs to be hospitalized.

CMHP #65

II. Suggestions for Improvement
    1) increase # of staff
    2) Hire persons with more education and experience
    3) Incorporate more case management & transition services into regular programming
III. State level problem/CARES
    1) SASS listed as Provider Program 120 providing services and not getting paid
IV. Working well

1) Immediate assessment
2) Availability of flex funds for Program 120 kids, ICG kids
3) Coordination of ICG kids/respite